



United States Department of State

Washington, D.C. 20520

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April 20th, 2022

MEMO FOR DAVID YOUNG, U.S. AMBASSADOR TO MALAWI

FROM: S/GAC – Mamadi Yilla, S/GAC Chair
S/GAC – Jackson Booth, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Malawi Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Malawi Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Malawi, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

We therefore approve the PEPFAR Malawi Country Operational Plan (COP) 2022 with a total allowed budget of **\$176,900,000**, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	164,304,309	12,595,691	176,900,000
Bilateral	163,597,809	12,595,691	176,193,500
Central	706,500		706,500

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$176,900,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC and documented in FACTSInfo NextGen via the Operational Plan Update process.

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Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Background

This approval is based upon the following: 1) The discussions that occurred between the country team, the Malawi government, all local and global stakeholders and partners, agency headquarters, participants and S/GAC during the March 21 – 24, 2022 virtual planning meetings and subsequent dialogue ahead of the final submission of the COP; 2) The final COP 2022 submission, including all data submitted through PEPFAR systems or within supplemental documents and feedback offered by stakeholders

Program Summary

Funding and targets for Malawi's COP 2022 are approved to sustain Malawi's national response in partnership with the Government and people of Malawi. PEPFAR will support Malawi to work towards epidemic control and sustain impact by persistently improving viral load coverage, targeting case finding and treatment efforts for adolescents, and prioritizing the allocation and alignment of HRH with the Government of Malawi systems and processes. PEPFAR Malawi will work closely with the Global Fund to address predictability for needed commodities and ensuring alignment on key priorities. Working with the Government of Malawi, PEPFAR Malawi will ensure alignment with the vision to jointly sustain impact on the HIV epidemic and support Malawi's public health approach and platform to strengthen primary care.

More focus and attention will be given to expanding PrEP to populations for whom PrEP is most beneficial for prevention of HIV, refining the case finding approach to close the gap in the first 90, closing gaps for AGYW in DREAMS and non-DREAMS programming, utilizing recency to compliment targeted HIV testing services.

In COP 2022, PrEP will be scaled up with a focus on ensuring policy and programmatic access to PrEP for higher incidence populations. Populations prioritized for PrEP will be tailored to the OU's epidemic context with a focus on Key Populations (including sex workers, men who have sex with men, transgender people, people in prisons and other closed settings, people who inject drugs), adolescent girls and young women including pregnant and breastfeeding AGYW, and other identified higher-incidence populations.

PEPFAR Malawi will prioritize and take specific steps to address the structural barriers that impede scale up of KP-led and KP-competent differentiated HIV services, as well as the lack of robust data to guide key populations programming. To strengthen strategic information to guide KP responses, plans will include efforts to strengthen individual level data systems and analyses and address gaps in subnational data. Addressing structural barriers will entail improving the enabling environment for HIV service delivery; mitigating harmful policy and social norms that fuel stigma, discrimination and violence faced by key populations; strengthening the capacity of key populations organizations; and strengthening the KP competency of HIV service providers. PEPFAR teams will ensure they are coordinating strategically with relevant State and U.S. government units (e.g. DRL), partner government, multilateral, and other donor funding streams and institutions. As part of the new COP 22 MPR, PEPFAR teams will be expected to describe and present their approach to improving KP data and addressing barriers to accelerated KP-centered HIV services during COP/ROP 22 planning meetings.

A key update in COP22 includes DREAMS expansion in Chiradzulu and Phalombe. PEPFAR Malawi conducted a rigorous interagency review process and both of these districts were selected due to HIV prevalence among AGYW and need for services.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

of which, Bilateral										
Total		New Funding							Applied Pipeline	
		FY 2022					FY 2021			FY 2020
		Total	Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State		
TOTAL	176,193,500	163,597,809	163,597,809	162,085,309	-	1,512,500	-	-	12,595,691	
DOD Total	2,522,502	2,388,943	2,388,943	2,388,943	-	-	-	-	133,559	
DOD	2,522,502	2,388,943	2,388,943	2,388,943	-	-	-	-	133,559	
HHS Total	94,820,748	85,643,669	85,643,669	84,131,169	-	1,512,500	-	-	10,177,079	
HHS/CDC	94,820,748	85,643,669	85,643,669	84,131,169	-	1,512,500	-	-	9,177,079	
HHS/HRSA	1,000,000	-	-	-	-	-	-	-	1,000,000	
PC Total	1,378,155	-	-	-	-	-	-	-	1,378,155	
PC	1,378,155	-	-	-	-	-	-	-	1,378,155	
STATE Total	1,724,319	817,421	817,421	817,421	-	-	-	-	906,898	
State	312,029	312,029	312,029	312,029	-	-	-	-	-	
State/AF	1,412,290	505,392	505,392	505,392	-	-	-	-	-	
USAID Total	74,747,776	74,747,776	74,747,776	74,747,776	-	-	-	-	906,898	
USAID, non-WCF	69,791,448	69,791,448	69,791,448	69,791,448	-	-	-	-	-	
USAID/WCF	4,956,328	4,956,328	4,956,328	4,956,328	-	-	-	-	-	

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

Total		of which, Central						
		New Funding						Applied Pipeline
		Total	FY 2022			GAP	FY 2021	
			Total	GHP-State	GHP-USAIID		GHP-State	FY 2020
								GHP-State
TOTAL	706,500	706,500	706,500	-	706,500	-	-	-
DOD Total	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-
HHS/HRSA	-	-	-	-	-	-	-	-
PC Total	-	-	-	-	-	-	-	-
PC	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-
USAID Total	706,500	706,500	706,500	-	706,500	-	-	-
USAID	706,500	706,500	706,500	-	706,500	-	-	-

* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Malawi has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Malawi. Upon approval of this memo, the amounts below will become the new earmark controls for Malawi. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	90,276,464	90,276,464	-	-
Orphans and Vulnerable Children	20,482,958	20,482,958	-	-
Preventing and Responding to Gender-based Violence	2,538,256	2,538,256	-	-
Water	200,000	200,000	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

AB/Y Requirement Met.

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	22,578,491	9,561,243	13,017,248	-	-
Of which, AB/Y	18,204,097	7,938,820	10,265,277	-	-
% AB/Y of TOTAL Sexual Prevention Programming	80.6%	83.0%	78.9%	N/A	N/A

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- 7 -

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	163,597,809	12,595,691	706,500	-	176,900,000
<i>of which, Cervical Cancer</i>	3,500,000	-	-	-	3,500,000
<i>of which, Community-Led Monitoring</i>	694,898	-	-	-	694,898
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	706,500	-	706,500
<i>of which, Core Program</i>	121,004,181	11,595,691	-	-	132,599,872
<i>of which, DREAMS</i>	20,000,000	-	-	-	20,000,000
<i>of which, HBCU Tx</i>	-	1,000,000	-	-	1,000,000
<i>of which, OVC (Non-DREAMS)</i>	4,265,100	-	-	-	4,265,100
<i>of which, Surveillance and Public Health Response</i>	873,730	-	-	-	873,730
<i>of which, VMMC</i>	13,259,900	-	-	-	13,259,900
DOD Total	2,388,943	133,559	-	-	2,522,502
<i>of which, Core Program</i>	1,472,893	133,559	-	-	1,606,452
<i>of which, DREAMS</i>	300,000	-	-	-	300,000
<i>of which, VMMC</i>	616,050	-	-	-	616,050
HHS Total	85,643,669	10,177,079	-	-	95,820,748
<i>of which, Cervical Cancer</i>	2,100,000	-	-	-	2,100,000
<i>of which, Community-Led Monitoring</i>	694,898	-	-	-	694,898
<i>of which, Core Program</i>	68,792,964	9,177,079	-	-	77,970,043
<i>of which, DREAMS</i>	7,550,000	-	-	-	7,550,000
<i>of which, HBCU Tx</i>	-	1,000,000	-	-	1,000,000
<i>of which, Surveillance and Public Health Response</i>	873,730	-	-	-	873,730
<i>of which, VMMC</i>	5,632,077	-	-	-	5,632,077
PC Total	-	1,378,155	-	-	1,378,155
<i>of which, Core Program</i>	-	1,378,155	-	-	1,378,155
STATE Total	817,421	906,898	-	-	1,724,319
<i>of which, Core Program</i>	817,421	906,898	-	-	1,724,319
USAID Total	74,747,776	-	706,500	-	75,454,276
<i>of which, Cervical Cancer</i>	1,400,000	-	-	-	1,400,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	706,500	-	706,500
<i>of which, Core Program</i>	49,920,903	-	-	-	49,920,903
<i>of which, DREAMS</i>	12,150,000	-	-	-	12,150,000
<i>of which, OVC (Non-DREAMS)</i>	4,265,100	-	-	-	4,265,100
<i>of which, VMMC</i>	7,011,773	-	-	-	7,011,773

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- 8 -

FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Malawi		SNU Prioritizations			
		No Prioritization	Scale-up: Saturation	Sustained	Total
TX_NEW	<15	30	2,943	1,016	3,989
	15+	1,446	43,059	18,967	63,472
	Total	1,476	46,002	19,983	67,461
TX_CURR	<15	316	33,857	13,691	47,864
	15+	11,093	641,525	240,757	893,375
	Total	11,409	675,382	254,448	941,239
TX_PVLS	<15	248	28,899	11,165	40,312
	15+	8,645	499,547	187,282	695,474
	Total	8,893	528,446	198,447	735,786
HTS_SELF	<15	-	30,441	-	30,441
	15+	17,205	509,689	39,378	566,272
	Total	17,205	540,130	39,378	596,713
HTS_TST	<15	494	177,890	50,831	229,215
	15+	22,008	1,770,579	905,342	2,697,929
	Total	22,502	1,948,469	956,173	2,927,144
HTS_TST_POS	<15	30	2,742	868	3,640
	15+	1,524	43,148	19,020	63,692
	Total	1,554	45,890	19,888	67,332
HTS_RECENT	<15	38	30,078	8,472	38,588
	15+	2,107	80,066	36,104	118,277
	Total	2,145	110,144	44,576	156,865
PMTCT_STAT	<15	3	855	534	1,392
	15+	221	365,327	232,947	598,495
	Total	224	366,182	233,481	599,887
PMTCT_STAT_P OS	<15	-	36	23	59
	15+	14	20,314	11,999	32,327
	Total	14	20,350	12,022	32,386
PMTCT_ART	<15	-	37	24	61
	15+	14	20,301	11,997	32,312
	Total	14	20,338	12,021	32,373
PMTCT_EID	<15	16	21,391	12,524	33,931
	15+	-	732	240	972
	Total	38	9,074	3,066	12,178
TB_STAT	<15	-	321	99	420
	15+	15	4,150	1,432	5,597
	Total	15	4,471	1,531	6,017
TB_ART	<15	24	1,928	664	2,616
	15+	1,206	28,149	12,399	41,754
	Total	1,230	30,077	13,063	44,370
TB_PREV	<15	310	33,344	13,497	47,151
	15+	10,756	620,502	232,963	864,221
	Total	11,066	653,846	246,460	911,372
VMMC_CIRC	<15	9,000	111,421	22,800	143,221
	15+	-	60,379	5,677	66,056
	Total	-	40,228	11,573	51,801
KP_PREV	<15	-	9,655	2,277	11,932
	15+	-	105,815	38,335	145,401
	Total	1,251	105,815	38,335	145,401
PrEP_NEW	<15	163	-	-	163
	15+	678	111,358	263	112,299
	Total	841	111,358	263	112,462
PrEP_CT	<18	-	150,099	200	150,299
	18+	-	21,973	-	21,973
	Total	-	172,072	200	172,272
CXCA_SCRN	<18	-	63,100	-	63,100
	18+	-	16,242	-	16,242
	Total	-	55,271	-	55,271
PP_PREV	<18	-	150,099	200	150,299
	18+	-	21,973	-	21,973
	Total	-	172,072	200	172,272
OVC_SERV	<18	-	63,100	-	63,100
	18+	-	16,242	-	16,242
	Total	-	55,271	-	55,271
OVC_HIVSTAT	<18	-	63,100	-	63,100
	18+	-	16,242	-	16,242
	Total	-	55,271	-	55,271
GEND_GBV	<18	-	63,100	-	63,100
	18+	-	16,242	-	16,242
	Total	-	55,271	-	55,271
AGYW_PREV	<18	-	63,100	-	63,100
	18+	-	16,242	-	16,242
	Total	-	55,271	-	55,271

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in a country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention, it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Malawi's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP 21 Budget by Funding Agency and Program Area

Funding Agency	COP 22 Budget by Funding Agency and Program Area														No Specified as % of Total	
	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	M&O	M&O as % of Total	P&W	P&W as % of Total	PREV	PREV as % of Total		SE
2-5550000	2,550,000	100%	2,550,000	100%	1,111,727	43%	958,674	38%	45,000	2%	556,595	22%	1,000,233	40%	-	0%
DDP	95,230,246	94%	13,354,879	14%	37,145,638	39%	5,914,088	6%	-	0%	20,931,468	22%	9,033,468	9%	3,846,945	4%
HRIS	1,370,245	1%	1,370,245	1%	1,370,245	100%	-	0%	-	0%	1,370,245	100%	-	0%	-	0%
PCT	1,276,339	1%	1,276,339	1%	1,195,654	69%	-	0%	-	0%	82,685	7%	50,000	4%	5,683	0%
STATE	75,454,276	43%	2,548,276	3%	28,936,365	38%	2,936,365	4%	-	0%	15,857,564	21%	17,518,292	24%	2,221,560	3%
GRAND TOTAL	25,500,000	100%	25,500,000	100%	11,117,227	43%	9,586,740	38%	45,000	0%	5,565,950	22%	10,002,333	40%	-	0%